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ABSTRACT

At the preschool unit of the Medical College of Ohio, parents of children with severe emotional or behavior problems (including autism) are involved in their child's treatment. Prior to admission, parents complete questionnaires listing their child's appropriate and inappropriate behaviors and sign a contract with the professional staff. An informal relationship of trust is emphasized, followed by a more formal one culminating in a structured 10 week course designed to help parents enhance their child's development, learn to solve management problems, and become aware of available services. Behavior modification is an important focus of the parent sessions, with parents working together with home trainers on specific programs. (CL)

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PARENT INVOLVEMENT IN THE TREATMENT OF DISTURBED PRESCHOOLERS

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INTRODUCTION

It is only since the mid-60's that professionals have viewed parents as being helpful change agents in the education and socialization of their children. During the last two decades, a number of successful programs have been conducted in teaching parents how to change their children's behavior (Reisinger, Ora and Frangia, 1976) Kozloff (1974, 1979) and Kaufman (1976) which document the importance of the parent or primary care giver's involvement in the education of their handicapped child. How this has been accomplished in a program for the treatment of disturbed preschoolers in a school and day treatment setting at the Medical College of Ohio (MCO), is the focus of this discussion.

The MCO School and Day Treatment Program consists of four elementary school units and one preschool unit for children with severe emotional and behavioral problems. The preschool component, services children ages 3 through 6 years most of whom have a complicated diagnostic picture both educationally and medically. Typically, three to five children attend the morning session and two to three children attend the afternoon session. The children placed in the afternoon often display autistic-like characteristics and may carry a formal diagnosis of autism. The children are in the program for 2-1/4 hours each day, Monday through Friday.

Prior to acceptance into the program an initial interview is conducted with the parents during which time two critical forms are completed. The first one is an "Initial Evaluation" on which parents are asked to list appropriate and inappropriate behaviors their child exhibits and to rate these latter behaviors as to their severity. The second form is a signed contract between professional staff and the parents. One of the purposes of this initial contract is to communicate to the parents that they are an essential ingredient in the successful treatment of their child, and cooperation between them and the program is a necessity. During the intake process it is important for the

professional to be cognizant of the family's current situation. Often parents of the young handicapped child have "shopped" around seeking a diagnosis that they are able to accept and may be angry at professionals as well as doubting their own effectiveness as parents. In helping parents through this intake process, one needs to be aware that this anger and self-doubt may be part of grieving over the loss of their normal child (Moses, 1978).

THE INFORMAL RELATIONSHIP

The first step in establishing a cooperative relationship with the parent is the development of trust. It has been the experience of the program being discussed that informal involvement of parents is one way to begin the relationship which can then evolve into a more formal one. During this level of the relationship building, professionals and parents are urged to be as creative as possible, and to look at activities which are inherant in a young child's school environment as part of this process instead of non-consequential happenings in the child's development. In this framework open houses, school plays and parties now include siblings and family members, and volunteering in the classroom takes on special meaning of guest or special visitor. The family is seen as an active and contributing member to all of the happenings. This may also help the family to view the child in a more positive role. During the process parents and teachers are encouraged to work on communication and other group skills that are needed for participating in a more formal relationship.

THE FORMAL RELATIONSHIP

Only after the development of a cooperative and trusting relationship are the parents and professionals ready to enter the next phase of cooperation. This is the period in which the parents become involved in a formal relationship culminated by a structured ten week course. Although it does address child management issues, the major emphasis is on providing parents with a set of skills that will enable them to be closely involved in the process of fostering

development in their child. The classes are taught by the preschool teacher with support from an interdisciplinary team. The title of the course is Parent Education and Sharing (PES). The goals of PES are: (1) To provide an opportunity to learn and implement a behavioral developmental approach to managing, teaching, and understanding the child with developmental disabilities and behavioral handicaps; (2) To provide an opportunity for more home and school interaction; (3) To provide information concerning available services in the school and the community such as parent awareness, respite care and relevant legislation; (4) To provide an opportunity for parents to problem solve and discuss their individual concerns. The primary text is Educating Children With Learning and Behavior Problems by Martin Kozloff (1974). This is supplemented by handouts and other assigned readings such as Parents Are Teachers (Becker and Becker, 1971).

During the initial class sessions the parents are taught what behavior is, how to observe their child and are encouraged to become acquainted with what their child can do. This latter is an extremely important part of the program because so often parents are told what their child cannot do that they fail to see or forget the strengths and positive behavior their child does possess.

The parents are taught behavior modification techniques and how these relate to learning. They also learn how to chart and evaluate behaviors. In preparation for a home teaching program the parents complete an assessment of their child. The Behavior Evaluation Scale (BES) found in Kozloff's Educating Children With Learning and Behavior Problems (pp405-446), or a current assessment that the child has had in the classroom might be used for this purpose. After observing and evaluating their child, the parents are asked to choose a skill area and to observe and pinpoint the basic behaviors the child needs in order to develop proficiency in the selected area. This information is then used by the parents to generate a home teaching program.

The parents use their home teaching program to conduct daily sessions with their child. During the initial period home trainers work individually with the parents in their home helping them with any difficulties they may be encountering with their program and giving them positive reinforcement for their efforts. The home trainers are usually interns training in behavior analysis with supervision and additional help from a mental health clinician and the preschool teacher. Class time is used to update and evaluate the home teaching programs. After the parents have conducted their home teaching programs for several weeks, they are individually video taped during one of their home teaching sessions. The following class is then spent in reviewing the video tapes for self evaluation with input by the entire group. The remaining classes consist of updating programs and discussing specific areas of interest to the parents. These may include guest speakers on various skill areas, movies or discussion of particular concerns the group might express. To evaluate and encourage continuation of the home teaching program, there are two follow-up sessions four weeks apart. After the conclusion of the structured sessions, parents and teachers maintain close contact so that cooperative involvement continues.

CONCLUSION

Successful parent involvement and cooperation in the treatment of disturbed preschoolers is based on two types of relationships. The first is an informal one with the concomitant development of trust. The second is a formal relationship in which the parent is taught a set of skills necessary for helping both their child and themselves. A ten week course, Parent Education and Sharing (PES), designed to meet these objectives is discussed.

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